VS A15

DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-01

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

County Chefut	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother) State
City or towe	City or town (If outside city or town limits, write RURAL sad give nearest town) Street No. 2/4 Funt St
How long In hospital or Institution?	(If rural, give LOCATION) 2.(d) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
agne Banett	
4. Sex 5. Color or rafe 8.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATION
1- Col. Manied	20. DATE OF DEATH MOVEMEN 24 19 46 nt 6'15 - 4.
6.(6) Name of husband or wife Fred Banett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If all ve. give ago years	Nov. 23 18 46, to Nov. 24 19 46
7. Birth date of deceased (mo., day, yr.) Alrembra 23 1895	and that I last saw h. 2.7. alive on Nov. 24. 19 4 do.
8. AGE: Years Months Days If less than one day	Immediate cause of death
38 /1 / min.	Croshra-vasala accident 8 hours
	Carri Blegia vi get
9. Birthplace (Toyn, county, and state)	Due to.
1D. Usual occupation. Summifu	lypertension
11. Industry or business heave	Due to
~!	Dither conditions
12. Name W - This, Mussing 12. Name Park 1 tall Mangland	
	(luclude pregnancy within 3 months of death)
a/ 4-1	Major findings of operations.
\$ 15. Birthplace Chichertin, Maryland	Date of op.
16. Informant My Musuay	Autopsy results. PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
Address 214 Front St. Chulut Mel.	
(Burial, cremation, or removal, Which?) Dete thereof (month) (day) (year)	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
Cemetery or ocematory.	Where did injury occur?
Location Assis Sand Sularian & Mary Vand	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mania & William	Means of Injury Injured at work?
Address Chesterlown, Mary land	Q. R. Common M. S.
19. No. J. 219 1946 Clas & Barnes (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Cross St. Chestuton, Ind. Bate signed #-27-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore





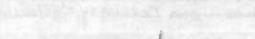
11117 Reg. Diat. No. 2000

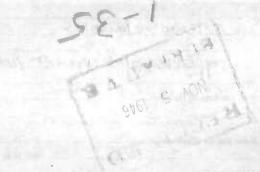
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many Grand County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME a. Lindell Beaston	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Manual	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.46, of 1:25-4
8.(b) Name of husband or wife. 8.(c) If alive, give age. 8.(c) If alive, give age. 9. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 74 18 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace	Due to Hyper Reasive Heart Disease Differ conditions Servicity
14. Maiden name May A. Reilly 15. Birthplace, Juland 16. Informant Mrs. Anna B. Beach Address Yalma Kent lo. Manuland	(Include pregnancy within 8 months of death) Major findings of operations
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Bellel Location Chasapean Sty Manyland	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
16. Funeral director Manin V. Williams Address Chest ulom many land 19. 200 3 19.46 Elizabeth metri (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE Leoler J. Janochi My D. M. D. or other Address. Leongetown M. P. Date signed 11-1-44

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-6)

Charles St., Baltimore 32-5

CERT	TEIC	ATE	OF	DE	TH
		AIL	VI.		

Reg. Diat. No. 202

A A CT	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County City or town	State State Of State Sta
(If outside city or we limits, write RUNA) and rive heares round	Bity or town Weller A. A. Clebell
How long in above place of death? Hospital politicities or street address where death occurred:	(11/u side city or town Mmits, write RURAL and give nearest town)
	Street No. (Le rural give LOCATION)
How long in hespital er institution?	2.(a) II veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Indistrior of all	
4. Set 5. Cold or ace 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
remain in uge serge	20. DATE OF DEATH DY 2 19 10 2 1 M
8.(b) Name of husband of wife.	21. I CEPTIFY that death occurred on the date above stated: that date payed deceased from
B.(c) If alive give ageyears	18 18 18 18 18 18 18 18 18 18 18 18 18 1
7. Birth date ef deceased (mo., day, yr.)	and that I last saw be alive on the same and
8. AGE: Years Months Days If less than one day	Immediate cause of death
704600 M Ahrs. A.	of all all and the second
1 TOURS NOODH 10 TONOS	
9. Birthplace (Town, county, snd state)	Due to
1D. Usual eccupation for the state of the st	Busta
11. Industry or business Allegels	Due to.
# 12. Name \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Diher cenditions A. D. M. D. M
Z 13. Birthplace Duah One	
# 14. Malden named work Audith	(Include pregnancy within 3 months of death)
15. Birthplage Of A Alle	Major findings of operations.
Sixon of Fall of all s	Dato ef ep.
16. Information of the state of	Autopsy results. PHYSICIAN: Please underline the easse to which death should be charged statistically.
Address Willel M Stilled	22. VIOLENCE: If death was due to external-causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, er hemicide.
Cemetery or crematory Church Hill	Where did injury eccur? (City or town) (County) (State)
00 0 11:00	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	O A A
Address of Church Hell had	23. SIGNATURE O ASSORT NEEDLY
10 Nov. 15 1046 Clara S. Barnes	Olleon Aced M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-6)

CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No. 2, 02
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
William H. Ell	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Siegle, married, widowed, or divorced M Married Married	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred os the date above stated; that I attended deceased from 19. 4 19. 4 6 and that I last saw it alive on 19. 4 19. 4 6 Immediate cause of death DURATION Due to Durations (Include pregnancy within 3 months of death) Major findings of operations Dats of op.
Address Chutuli, Manyland 17. Brial Oate thereof Mr. 16 1946 Cemetery or crometery Locatios Chanfish Manyland 18. Funeral director. Manyland Address Chanfish Manyland 19. Manyland 19. Manyland Registrar Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to extersal causes, fill is the following; Accident, suicide, or homicide

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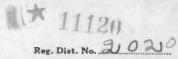
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THE RESIDENCE OF STREET PRINCIPLE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167) CERTIFICATE OF DEATH



1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, write RURAL and give nearest town) Street No. 34 (If rural, give LOCATION) 2.(a) If veteran, name war.
May Gladys Green 4. Sex 5. Color or race / 8.(a) Single, marrieg, widowed, or divorced F. Col. Single	MEDICAL CERTIFICATION 20. DATE DF DEATH MV. 53 19.46 at 1.130 M
8.(b) Name of husband or wife	21 a RETIFY that death occupied on the date shove stated; the Lattended depended from SCO LOT OF STATES OF
9. Birthplace	Bue to State Would for the Superior State Would for the State of the S
12. Name	Other conditions (Include pregnancy within 3 months of death) Major Sadings of operations.
16. Informant M. R. Last Gran, Broth.) Address 13 + Prespect St. Chefuling Med. 17. Bural Bate thereof (month) (96y) (yeer)	Actopsy results
Cometery or crematory. Location Man Church Hill Mayland 18. Funeral director. It again V. Wallsama Address Chafula Mayland 18. Mr. U. 27, 1976 Clara 2. Barrey.	where did injury occur? (City or town) (State) tnjured at home, farm, industry, jubile place (where?) Means of injury Injured at work? M. D. for other

DESCRIPTION OF THE DESCRIPTION OF THE MEASURE

APPENDING MILES HANGES

BUTTOTAL CALL, CONTROL S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47)

CERTIFICATE OF DEATH



1112 Reg. Diat. No. 2020

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 4/1 411	(For newborn inxapta give esidence of mother)
City or town Chefulan	State Mary County County
(If ontside city dr town limits, write RURAL and give nearest town)	
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
noopital, institution, of street address where death occurred;	Street No. 134 Propert
	(If rural/givy LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Pobert Carl Guen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
m col. maning?	1 + 1 of Minuter 1.4P.
6.(6) Name of husband or wife. Sillis Can (?)	21. CERTIFY that death occurred on the dite above stated; that I attended decess from
A 4.1	to not affred turn trait out
7. Birth date of	Walley Canton L. 53 Puty
deceased (mo., day, yr.) March. 16	All 3 September 19
8. AGE: Years Months Days If less than one day	Immediate canse ni death DURATION
	Howard an house
9. Birthplace Ouen and Court Marsland	
(Town, county, and state)	Due to
1D. Usual occupation.	
11. Industry or business Larry	Due of the state o
	get begge
12. Name. Aukry	Dther conditions
H 14. Malden name	(Include pregnancy within 3 months of death)
14. Malden name. Mulman:	Major findings of operations.
10 10 1 1 10 11 11 11	Date of op.
1B. Informant Mr. 1 Line Street	Antopsy results
Address 134 1 uspert St. Chertuli Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buil Date thereof 11/22/46	22. VIOLENCE: If death and fue to external causes, all in the following:
(Bnrial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homoton.
Cemetery or cromatory.	Where did injury oc (City or town) (Canno) ((State)
Location bear Christ Hill May land.	Injured at hope, farm, industry, public place (where Text the Helle Live
18. Funeral director Marin V. Williams	Means of Inflired at work?
Address Chululon, Many land.	to be the state of mate
intell 217 146 Clarell Back	M. D. or other
(Date rec'd by registrar) Registrar	Address lest in tom ned Date signed & V5746

HTDATH TO THURTHAMP STATE GRAFFIAM

MENSO NO STADITIONS

ADDRESS OF STREET, TO SERVE AND APPLICATION

NELSON DE LE SELLE SERVE (SEL

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NOV 29 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75%)

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infahre give residence of mother)
(If outside city or fown lights, write RUNAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Inditiution, or sincet address where death occurred:	Street No Cly + + + Ahra Drug)+
Tour & anyon property	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	/ 3. (b) Social Security Number
May VT. From	
4. Spx 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION , //
made wait matrix	20. DATE OF DEATH AT SULLAND TO 19 CH of 13 17
8.(6) Name of husband or wife A Sleud Due Brovs	211/1 CENTIFY that death occurred to the sale above stated; that I attended deceased from
1 71	My 4 aft see onvestypte
7. Birth date of	and that was sound tally or confurt of 19
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immydiale (and of the O.A) Algorithm
73 6 31	A James March 1000 1000
3 Bally 100 min.	
8. Birthpiace (Town, county, and state)	Due to Due to
10. Usual occupation of the Born	Jan
11. Industry or business a Famu	Due to See See See See See See See See See Se
E PARENT CHAPER	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
	Date of op.
18. Informant / Con / With Owkin Am 2403	Autopsy results.
Address Duynton Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 BURIAL Date thereof 300 29 1946	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MORELAND MEM. PARK	Where did injuly occurry (County) (County)
Location 3ALTO. CO. MARYLAND	fjured at home, farm, industry, public place (where 2)
18. Funeral director WILLIAM COOK INC	Monais attriffy) h ly h Majured at work?
Address 1217 ST. PAUL ST.	Darch Little 110 7
und so levels	23. M. D. or other
19. (Date rec'd by registrar) Registrar	
	harmon and a street of the str

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

Reg. Dlat. No. 2030

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
Siece Harrier	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced **Tuble Call Walded 8.(b) Name of hysband or wife. Savies Machaeless	MEDICAL CERTIFICATION 20. DATE OF DEATH. Securities 5 1946, at 10P M 21. I CERTIFY that death occurred on the date above stafed; that Lattended deceased from 1940, to 201.5
7. 8irth date of	and that I last saw *** alive on *** June 5
8. AGE: Years Months Days If less than one day	Immediate cause of death
84 min.	Elerone Francisco 1940
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	Due to Telerane Myocardeles >20
11. Industry or business 12. Name 13. Birthplace 14. Industry or business 15. Industry or business	Other conditions Chessus Crestules 143
14. Malden name Dansand Callina	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Roch Hell	
Address - Hock Hall gus	Antopsy results
17. Bursal. (Bursal, eremetion, or removed Whiteh?) Date thereof (month) (day) (year)	. 22. VIOLENCE: 1f deafh was due to external causes, flit in the following; Accident, suicide, or homicide
Cometery or examples Alle Ours	Where did injury occur?
Location Juck Hall. My	Injured at home, farm, Industry, public place (where?)
18. Funeral director allowing Henry	Means of Injury tnjured at work?
Address Chestertons my	23. SIGNATURE Frank Streeth.
19. — 19. — 19. — S. Elwood Bruges Registrar	Address Bleeslustona Date signed 55.6/44

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

	7	11	15)	
Reg. D		1	20	17	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Lessel	Descarely Adent
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. The things 2006
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hellew Jone	eo
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temal C Single	20. DATE OF DEATH 1000 16 19 056 , at 60 DOSAM)
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	22 19 18 9 b 10 19 19
7. Sirth date of	and that I lest saw here alive on 7707 6 / 19.76
deceased (mo., day, yr.) R ACE: Years Months Days If less than one day	Immediate cause of death
o. Add.	
H 11 10	3rd Degrad Burno 24 hours
9. Birthplace (Town, county, and state)	Due to 2/3 7 3 Styles
10. Usual occupation	Due to
11. Industry or business	
12. Name 12. Name 2010 and 2010 town had	Other conditions
	(Include pregnancy within 5 months of death)
14. Malden name Ada Wilson Worton 2nd	Major findings of operations.
5 15 Birthplace Coleman 7 Norton and	major natings at aperatous
Ω , Γ	Autopsy results
16, Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Colemans Mortov Ma	22. VIOLENCE: It death wes due to external causes, fill in the following:
17. Date thereot World (ddy) (year)	Accident, suicide, or homicide. Carried Burne Date of Mort 16 M.
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Where did lainer occur? Colemans Cant
Cemetery or crematory	(City or town) (County) (State)
Location Talker Norton	Injured at home, farm, Industry, public place (where?)
18. Funeral director. BYR TRACONS	Means of injury Clothing George Hoffing Injured at work? Otay.
10. Funcial director	4 0 0 000
Address Still Jones Man	23. SIGNATURE M. D. or other
19. 920-19 19.46 SHELDER Registrar	Address Sliel Jona Bate signed 11-18-46.

MARINI DESTINATO STATI SILLIYAN.

PROPERTY OF SHEET STREET, N. CO. A.

DEC 3 1946

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-2

CERTIFICATE OF DEATH

* 11125

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
Cily or town near - Chestertown (If outside eity or town limits, write RURAL and give nearest town)	State Maryland County Kent	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. near - Chestertown (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
nuspital, institution, of street address where death occurred.	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
C Warhant Lusby	no	
S. Herbant Lusby 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single	20. DATE OF DEATH November 29th 19 46, at 1/ 9 11	
6.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Three 1944 10 MW. 25 1946	
7. Birth date of	and that last saw hold alive on Dest. 25 1846	
deceased (mo., day, yr.) Jan. 6, I862	Immediaje cape uf death	
8. AGE: Years Months Daye If lese than one day	Lephersenia Stay	
84 § IO 23hrsmin.		
	Thus	
9. Birthplace Kent CO. Maryland (Town, county, and state)	Oue to Lathe one was	
10. Usual occupation farmer		
10. Usuat occupation	Due to taleties sclerosis.	
1f. Industry or business	A	
F 12. Name John Lusby	Other conditions Levele pay cotonis / gest	
12. Name John Lusby 13. Birthplace Maryland		
	(Include pregnancy within 8 months of death)	
f4. Maiden name. Sarah Eliz. Maslin f5. Birthplace Maryland	Major findings of operations.	
El f5. Birthplace Maryland	Date of op.	
16. Informant Mr. Raymond Lusby	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death aboutd he charged statistically.	
Address Chestertown, Md. R.F.D.	22. VIOLENCE: tf death was due to external causes, fill in the following:	
Burial Burial Date thereof Dec. I. 1946 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Chester	Where did injury occur?	
Location Chestertown, Maryland	Injured at home, farm, industry, public place (where?)	
	Meane of Injury Injured at work?	
18. Funeral director J. Willis Wells		
Address Chestertown, Maryland	to Man Towith	
h 1 11 01 1 p	23. SIGNATURE M. D. or other	
19. Dec. 1 1946 Class S. Barne (Date ree'd by registrer) Registrer	A. Addres Telleslectomo RR Date eigne W. 30/46	



FOR BINDING

MARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 97

Reg. Diat. No. 202

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Kent (For newborn infants give residence of mother) Maryland Kent Chestertown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 2II Lynchburg St. (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number John Franklin Munson 212-16-1017 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION widowed colored male 6.(b) Name of husband or wife. Emma Munson 46 10 Mos .6.(c) tf alive, give ege 7. Birth date of Jan. deceased (mo., day, yr.) DURATION It less than one day 8. AGE: Years 69 ...hrs. 9. Birthplace Kent Co. Maryland (Town, county, and state) Farmer laborer 11. Industry or business 12. Name John Mun Z 13. Birthplace Maryland John Munson (Include pregnancy within 8 months of death) 14. Maiden name Charolett Hynson Major findings of operations..... Maryland 15. Birthplace is informan Louise Munson Wilson PHYSICIAN: Please underline the cause to which death should be charged statistically. 2II Lynchburg St. Chestertown 22. VIOLENCE: If death was due to external causes, till in the tollowing: Burial Date thereof NOV a 4 194 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Cemetery or crematory Quaker Neck (col). Cem. Where did Injury occur? (City or town) (County) (State) Chestertown, Maryland Injured at home, tarm, industry, public place (where?) tnjured at work? J. Willis Wells Means of Injury Chestertown, Maryland Address 23. SIGNATUR M. D. or other

Franks Remarky July 1 50 yrs. muy c. Bone med, the way of the flags when a with server Rev Regardles Twa 2PM CONTRACT N March C 11

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No. 202

I. PLACE OF DEATH: County	1 12 15	nty
3. (a) FULL NAME Joseph Ring gel	d	3. (b) Social Security Number
4. Sex 5. Color or race 6. (af Single, married, widowed, or dispress M. Sex 6. (b) Name of bushand or wife	20. DATE OF DEATH	Ke 10 hox 14 1946
7. Birth date of deceased (mo., day, yr.) Luly 13 / 884	and that I last saw h	11 - 10 19.46
8. AGE: Years Months Days If less than one day 62 4 6 hrs. min. 8. Birthplace Vatter, John Cs. Mad. (Town county, end state) 10. Usual occupation.	Immediate cases of death Color Me, Alcertification Due to	vandlis vsehen
11. Industry or business 12. Name 13. Birthplace White, Ways land	Due to	
14. Malden name Sarah Rillen 15. Birthplace White Munyland		ontha of deeth)
16. Informant funcies Thought Il	Antopsy results	ch death shoold be charged statistically.
17. Burial Bate thereof May 16 1990 (Burial, cremation, or removal. White)?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of
Cometery or exemptory Italkestown	Where did injury occur?	(County) (State)
18. Funeral director Marion L. Williams	Meane of Injury	tajured at work?
Address Chesterlan Manyland 18. No. J. 16. 1946 Clasa L. Barnas (Date rec'd by registrar) Registrar	23. SIGNATURE CLAER AND Address Park Hall	Burg or a. M. D. or other M. D. or other M. D. or other M. M. D. or other

RECEIVED NOV 19 1946

BUREAUTE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

*	11100	
	at. No. 201	5
Reg. Di	st. No.	

1, PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bug newborn infants of re residence of mother)
County new still force	State Many Rew County Med (
(If outside city or town lights, write PURAL and givenearest town)	City or town Who O till Cond les
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If preal, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	
Jay Weeler doon	3. (b) Social Security Number
4. See 5. Color of tabe 6.(a) Single, mayled, widowed, or divorced	MEDICAL CERTIFICATION
men greti storges	20. DATE DE DEATH NOVULO DES 17 19/6 , at 10 H My
B.(b) Name of husband or wife.	21.1 CERTEY that death occurred of the date above staged; that lattended deceased from
7. Birth date of	a title destate prive or egrelle l'extetocate
deceased (mo., day, yr.) R ACE- Years Workins Days If less than one day	Ingedien carto free for the hour fill de NATION
8. AGE: Years North Days If less than one day	
Takel for Alla to	Due to Spring Oreis States Take
9. Birthplace (Town feounty, and state)	
10. Usual occupation.	Bue to Mes Part of the sal
11. Industry or business regard business	1
12. Name. Hour a Course	Other conditions
The second secon	(Include pregnancy within 3mouths of death)
14. Maiden nave treephone trees to the land the	Major findings of operations.
\$ 15. Birthplace & Many Glevel (1)	Date of op.
16. Interment / Sta / W Occasion / 100	Autopsy results.
Address Alkton had	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [month] (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director 123/1/20 Plance	Means of Injury Johnson at work?
Address Still fored med	Low the herd reflect less to
19. Nov 19 (Date rec'd by registrar) 18.46 Molecular Registrar	Address Mes Francisco M. D. or other Address Mes Francisco M. D. at allowed M. D. or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

CERTIFICATE OF DEATH

Rog. Dist. No. 2020

1. PLACE OF DE	Kent			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
City or town near	- Chest	ertow		Stale M.C. Cour		
(If c	outside city or town	imits, write h	URAL and give nearest town)			
How long in above place	ot death?	fe		city or town near - Chest	, write RURAL and give near	rest town)
	street address where	death occurred	1:	Street No.		
Rural				(If rural, give		•••••••
Now long in hospital or	r Institution?		***************************************	2.(a) It veteran, name war		•••••
3. (a) FULL NAM	E				3, (b) Social Security 1	Number
	Man Man	Ctoot			none	
4. Sex	5. Color or race	Start	e, married, widowed, or divorced	MEDICAL CI	none	
male	white	Si	ngle	20, DATE OF BEATH November	7. 1946	at 4 A M
		non	<u>e</u>	21. I CERTIFY that death occurred on the date abo		
				19.5	39 10 hrs-6	19.KG
7. Birth date of	***************************************	6.(c) If alive, give ageyears	and that I last saw held a alive on	W-6	1946
deceased (mo., day,)	MADril	23.	1866	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	To as a hard Male	melunio	2200
80	6	14	hrsmin.			
9. Birthplace Ke	ent Co. N	larvla	nd	Oue to		
9. airthpiace	(Town	county, and	atate)			
10. Usual occupation	Farmer	•		Due to Chaluis pelu	~~.·»	1939
11. Industry or busines						
		Stant	<u>t</u>		<i>5</i>	
F			.94			
	Marylar			(Include pregnancy within 3 n	nontha of death)	
14. Malden name.	Lousia	Cohe	e	Major fiedings of operations		
15. Birihpiace	Marvla	ind		plajor nomage or operations.		
3.6	Total States	TT 60	3			******************************
16. Informani	rs. wm.	H- 10	ulson	Autopsy results		statistically.
Address C	hesterto	wn. M	d.			
. Buri	al	Data than	NOV. TO 1946	22. VIOLENCE: If death was due to external cau		
Burial Date thereof No. 10, 1946 (month) (day) (year)		Accident, suicide, or homicide	Gate of			
Cemetery or crematoryChester Cem.		Where did injury occur?(City or town)	(County)	(State)		
Location Chestertown, Md.		Injured at home, tarm, Industry, public place (wh	here?)	000000100011000111000000010000		
18. Funeral director	J. Will	is We	lls	Means of Injury	Injured at work?	
780	hesterto			7 17	v. 1 - 11	
21	0 11		1	23. SIGNATURE	M. D. (or other
19. (Date rec'd by re	Significant 19 46	2. (1	au S. Barres Registrar	Address Pheoleston	Date signed.	Dem 2/11/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

4

111011 Reg. Dist. No. 200/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If relevan, name was
3. (a) FULL NAME Baby Wallace	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced Le male white	MEDICAL CERTIFICATION 20. DATE DE DEATH. NOVEMBRO 2 1946 21/0 2 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46
8. AGE: Years Months Bays If less than one day hrs. 25 min. 9. Birthplace Allah Malling Tour Smith, and state) 10. Usual occupation.	Due fo.
11. Industry or husiness 12. Name Blandard Wallace 13. Birthplace 14. Maidea name May Danufle 15. Birthplace	Other conditions
Address Milling on MA. 2. 1946	Autopsy results
(Burial, cremation, or removal Which), (month) (day) (year) Cemetery or crematory Managhana Location Managhana (month) (day) (year)	Where did injury occur?
18. Funeral director Edward Pullous Address Millington Ma 19. Hove 2 19. 46 Edward February Register	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address MACKET L. Bate signed Address

NOV 9 1946

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